AGN. NO._____

MOTION BY SUPERVISORS MICHAEL D. ANTONOVICH AND GLORIA MOLINA

APRIL 26, 2005

RELATED TO ITEM #S-1 (PSYCHIATRIC EMERGENCY SERVICES)

The Psychiatric Emergency Services (PES) in all County hospitals has increasingly been challenged with overcrowded conditions. This situation is compounded by the fact that approximately 60% of individuals in need of emergent psychiatric services are indigent, homeless or at risk of homelessness, without adequate social support systems, and often suffering from co-occurring substance abuse disorders. The Directors of the Departments of Health Services (DHS) and Mental Health (DMH) have implemented a variety of measures to address this crisis, but further actions are needed to ensure that our systems of support for the individuals currently using PES are provided.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Chief Administrative Officer, in collaboration with County Counsel, the Department of Health Services, and the Department of Mental Health to:

- MORE -

	MOTION
Burke	_____
Yaroslavsky	_____
Knabe	_____
Antonovich	_____
Molina	_____

1. Develop a strategy to permit LPS (Lanterman-Petris-Short) designation of specific Psychiatric Emergency Care facilities, including Urgent Care Centers, for evaluation of individuals transported involuntarily (W.I.C. 5150) for psychiatric emergency assessment, including Urgent Care Centers.

2. Review the adequacy of the physical facilities allocated to psychiatric assessment and treatment of patients in the emergency departments of the County hospitals, and recommend a funding source for any restructuring needs.

3. Develop coordinated clinical documentation, claiming, and discharge policies and procedures that facilitate accurate claiming and reimbursement, appropriate discharges, and secure linkages to community resources for all psychiatric patients. These policies and procedures should address the proper documentation related to Medi-Cal medical necessity criteria, guidelines for selection of post-discharge residential care facilities, such as IMDs (Institutions for Mental Disease), and appropriate coordination with post-discharge substance abuse services.

4. Complete an analysis of the Psychiatric Emergency Services system, including, but not limited to, psychiatric patient entry and exit points, nature and results of clinical assessments and treatments, referral sources and dispositions, comparisons with other recognized state of the art models, and existing and projected utilization by referral categories.

5. Develop a methodology for settling cost issues that exist between the Departments of Health Services and Mental Health related to Psychiatric Emergency Services care. This methodology shall take into account the Department of Health Services responsibility for the cost of alcohol and other drug related care and identify other costs not directly connected with mental health services.

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